

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025994

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38
FILED AUG 13 1962

Primary Registration District No.

3006

Registrar's No.

449

VS 300
Rev. 4/59

6109

20700

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

192-2

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia, Mo.
New Florence, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

DOA (U.M.M.C.)

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Montgomery

c. CITY OR TOWN

New Florence

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Box 114

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Frank

EDWARD

BADGER

4. DATE OF DEATH

Month

Day

Year

August

9

1962

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married

Widowed ☐

8. DATE OF BIRTH

9-15-98

9. AGE (last birthday)

63 yrs.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver - Retired

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

New Florence, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William BADGER

13b. MOTHER'S MAIDEN NAME

MATILDA Anterrieth

14. NAME OF HUSBAND OR WIFE

EVA BADGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Record of UMMC

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary artery disease

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 31 1962 to August 3, 1962 and last saw him alive on August 3 1962

on August 3, 1962 at University Hospital in New Florence, Mo. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James M. Smith Jr.

22b. ADDRESS

University Hospital
Columbia, Missouri

22c. DATE SIGNED

8/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8-9-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant

23d. LOCATION (City, town, or county)

High Hill Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

D.B. Baker New Florence Mo.

25. DATE RECD. BY LOCAL REG.

Aug 9 1962

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student

Mrs. D. B. Baker

Signature of Student Embalmer

Signed

D B Baker

Licensed Embalmer No.

3375

P. O. Address

New Florence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.